

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or **Fax** (571)-273-2885

JUN 04 2008

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless otherwise directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notification.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

8791 7590 04/03/2008

BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
 1279 OAKMEAD PARKWAY  
 SUNNYVALE, CA 94085-4040

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Cheryl Clinkenbeard	(Depositor's name)
<i>Cheryl Clinkenbeard</i>	(Signature)
6/2/08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/029,758	10/22/2001	Hawley K. Rising III	080398.P434	4698

TITLE OF INVENTION: EFFICIENT BINARY CODING SCHEME FOR MULTIMEDIA CONTENT DESCRIPTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/03/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PADMANABHAN, KAVITA	2161	707-101000

06/04/2008 EFLORES1 00000004 10029758

01 FC:1501

1440.00 OP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent from (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Blakely, Sokoloff,  
 2 Taylor & Zafman LLP  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sony Corporation/Sony Electronics Inc.

Tokyo, Japan/Park Ridge, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date MAY 30, 2008

Typed or printed name Sheryl Sue Holloway

Registration No. 37,850

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**FEE TRANSMITTAL FOR FY 2008**

(Effective on 9/30/2007. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**TOTAL AMOUNT OF PAYMENT (\$)** 1740.00

**Complete if Known:**

**Application No.** 10/029,758

**Filing Date** 10/22/01

**First Named Inventor** Rising, III., et al.

**Examiner Name** Padmanabhan, K.

**Art Unit** 2161

Attorney Docket No. 80398.P434

**Applicant claims small entity status. See 37 CFR 1.27.**

**METHOD OF PAYMENT** (check all that apply)

  X   Check           Credit Card           Money Order           None           Other (please identify)

**Deposit Account**

**Deposit Account Number : 02-2666**

**Deposit Account Name:**

  X   The Director is Authorized to do the following with respect to the above-identified Deposit Account:

  X   Charge fee(s) indicated below.

<b>X</b>	<b>Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.</b>
----------	--

**Charge fee(s) indicated below except for the filing fee**

X Credit any overpayments.

    X     Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

**Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Large Entity</u>		<u>Small Entity</u>				
Fee	Fee	Fee	Fee			
Code	(\$)	Code	(\$)	<u>Fee Description</u>		<u>Fees Paid (\$)</u>
1011	310	2011	155	Utility application filing fee	1,030/515	_____
1111	510	2111	255	Utility search fee		_____
1311	210	2311	105	Utility examination fee		_____
1012	210	2012	105	Design application filing fee	440/220	_____
1112	100	2112	50	Design search fee		_____
1312	130	2312	65	Design examination fee		_____
1013	210	2013	105	Plant filing fee	680/340	_____
1113	310	2113	155	Plant search fee		_____
1313	160	2313	80	Plant examination fee		_____
1004	810	2004	405	Reissue filing fee	1,940/970	_____
1114	510	2114	255	Reissue search fee		_____
1314	620	2314	310	Reissue examination fee		_____
1005	210	2005	105	Provisional application filing fee		_____
					<b>SUBTOTAL (1)</b>	<b>\$0.00</b>

**2. EXCESS CLAIM FEES****Fee Description**

<u>Large Entity</u>		<u>Small Entity</u>	
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
1202	50	2202	25
1201	210	2201	105
1203	370	2203	185
1204	210	2204	105
1205	50	2205	25

**Fee Description**

Each claim over 20  
 Each independent claim over 3  
 Multiple dependent claims, if not paid  
 Reissue: each claim over 20 and more than in the original patent  
 Reissue: each independent claim more than in the original patent

	<u>Extra Claims</u>	<u>Fee</u>	<u>Fees Paid (\$)</u>
Total Claims _____ - 20 or HP = _____	X	_____	= _____
HP = highest number of total claims paid for, if greater than 20			
Independent Claims _____ - 3 or HP = _____	X	_____	= _____
HP = highest number of independent claims paid for, if greater than 3			
Multiple Dependent Claims _____		_____	= _____
SUBTOTAL (2) \$ <u>0.00</u>			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 C.F.R. 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Number of each additional</u>	<u>Fee from</u>			
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>50 or fraction thereof</u>	<u>below</u>	<u>Fees paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to whole number)	X	\$

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description:</u> Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):
Fee	Fee	Fee	Fee	
Code	(\$)	Code	(\$)	
1081	260	2081	130	Utility
1082	260	2082	130	Design
1083	260	2083	130	Plant
1084	260	2084	130	Reissue

SUBTOTAL (3) \$ 0.00

**FEE CALCULATION (continued)****4. OTHER FEE(S)**

				<b>Fees Paid (\$)</b>	
Non-English Specification, \$130 fee (no small entity discount)					
<b>Large Entity</b>		<b>Small Entity</b>			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1813	8,800	1813	8,800	Request for inter parties reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	
1252	460	2252	230	Extension for reply within second month	
1253	1,050	2253	525	Extension for reply within third month	
1254	1,640	2254	820	Extension for reply within fourth month	
1255	2,230	2255	1,115	Extension for reply within fifth month	
1401	510	2401	255	Notice of Appeal	
1402	510	2402	255	Filing a brief in support of an appeal	
1403	1,030	2403	515	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	510	2452	255	Petition to revive - unavoidable	
1453	1,540	2453	770	Petition to revive - unintentional	
1501	1,440	2501	720	Utility issue fee (or reissue)	1440.00
1502	820	2502	410	Design issue fee	
1503	1,130	2503	565	Plant issue fee	
1462	400	1462	400	Petitions to the Commissioner (CFR 1.17(f) Group I)	
1463	200	1463	200	Petitions to the Commissioner (CFR 1.17(g) Group II)	
1464	130	1464	130	Petitions to the Commissioner (CFR 1.17(h) Group III)	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	810	2809	405	For filing a submission after final rejection (see 37 CFR 1.129(a))	
1814	130	2814	65	Statutory Disclaimer	
1810	810	2810	405	For each additional invention to be examined (see 37 CFR 1.129(b))	
1801	810	2801	405	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	300.00
1505	300	1505	300	Publication fee for republication	
1803	130	1803	130	Request for voluntary publication or republication	
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	
1454	1,410	1454	1,410	Acceptance of unintentionally delayed claim for priority	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

**SUBTOTAL (4) \$ 1740.00**

\*Reduced by Basic Filing Fee Paid

**SUBMITTED BY:**Typed or Printed Name: Sheryl Sue Holloway

Signature: \_\_\_\_\_

Date: MAY 30, 2008Reg. Number: 37,850Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL FOR FY 2008**

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 Filing Date 10/22/01  
 First Named Inventor Rising, III., et al.  
 Examiner Name Padmanabhan, K.  
 Art Unit 2161  
 Attorney Docket No. 80398.P434

Applicant claims small entity status. See 37 CFR 1.27.

**METHOD OF PAYMENT** (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)
☐ Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: \_\_\_\_\_

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 Each independent claim over 3  
 Multiple dependent claims, if not paid  
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	<u>Extra Claims</u>	<u>Fee</u>	<u>Fees Paid (\$)</u>
<b>Total Claims</b> _____ - 20 or HP = _____	X _____	= _____	
HP = highest number of total claims paid for, if greater than 20			
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<b>Multiple Dependent Claims</b> _____		= _____	

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Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

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**SUBMITTED BY:**Typed or Printed Name: Sheryl Sue HollowaySignature: Date: May 30, 2008Reg. Number: 37,850Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450